



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000799652

**2. Name of Corporation** Block Island Farmers Market

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 905 CHAMPLIN RD

PO BOX 1375

City or Town: BLOCK ISLAND

State: RI

Zip: 02807

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE AN OUTLET FOR INDIVIDUAL VENDORS TO SELL PRODUCE, CRAFTS, AND BAKED GOODS GROWN/PRODUCED ON BLOCK ISLAND.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DORRIE M NAPOLEONE	905 CHAMPLIN RD BLOCK ISLAND, RI 02807 USA
DIRECTOR	EMILY MARYE	CENTER RD

		BLOCK ISLAND, RI 02807 USA
DIRECTOR	SUZANNE NOLTER	PILOT HILL RD BLOCK ISLAND, RI 02807 USA
DIRECTOR	RACHAEL LEMOINE	BLUEBERRY HILL LANE BLOCK ISLAND, RI 02807 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DORRIE NAPOLEONE 905 CHAMPLIN RD BLOCK ISLAND , RI 02807

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 5 Day of May, 2015 at 2:21:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DORRIE NAPOLEONE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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